

Family Centered Services of Alaska  
Therapeutic Family Home  
Program Description

Treatment

All children admitted to the TFH will receive a clinical intake and functional assessment as well as possible psychiatric, psychological and drug and alcohol assessments. Residents will be provided intensive case management services that will be based on an Individual Service Plan (ISP), developed for each child by the child's treatment team. Each child's ISP will address specific needs identified in their intake/assessment including independent living skills. For those clients needing to develop/implement independent living skills, the TFH parents will provide them with opportunities both in the home and the community to work on specific skills such as; life training skills, money management, health care, obtaining records, interview/job skills, locating and maintaining housing, vocational needs, etc. The TFH parents will also assist client's that are eligible to complete the Ansell-Casey Life Skills Assessment. Each ISP will include a diagnosis, identification of treatment team members, treatment goals, and timelines to reach goals, and a discharge timeline. Development of each ISP will include identification and analysis of significant factors that are essential to ensure that effective treatment plans are created. Some of the items that will be utilized to develop each ISP will be:

1. Assessments;
2. Medical and mental illness treatment history;
3. Identification of natural supports;
4. Identification of individual strengths and weaknesses;
5. Educational needs;
6. Responsibilities of treatment team members;
7. Cultural needs as per FCSA Admin. Policy # 701;
8. History of substance abuse.

In accordance with applicable regulations ISP's are reviewed and revised as needed every 90 days. In addition, the ISP will define the on-going services each child will need upon discharge, community resources available to meet those needs, and links to community services that need to be established. One responsibility of the TFH staff, principally the TFH Coordinator, will be to establish links to community agencies in the child's respective community to help ensure that a seamless system of appropriate aftercare service is in place at the date of discharge. Upon discharge it will be the primary responsibility of the referring agency to actively work with the established aftercare network; however, TFH staff will assist as time and resources permit.

Additional treatment services that are provided to children admitted to the TFH will include a combination of clinical services and skill development activities. Clinical services provided will include individual, group, and family therapy by a licensed clinician. Group therapy is held two times per week, once at the TFH and once at the FCSA main office. Individual therapy is held once a week at the FCSA main office. Psychiatric services are available for clients via FCSA contract with psychiatrist Dr. Ackley. Clients that are in need of psychiatric services meet at a minimum once a month with Dr. Ackley for medication management and other psychiatric needs at the FCSA main office. Dr. Ackley is also available for case consultation with the TFH client's treatment team. Skill development activities are provided by FCSA TFH Youth Counselors, FCSA TFH Coordinator and the TFH Parents. Many of the skill development activities are planned events

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either in the home/community that have been recommended by the client's treatment team to assist them in accomplishing their treatment goals. An example of these includes; social activities such as attending functions in the community, attending sporting events, volunteering, recreational outings such as fishing, bicycling, basketball, swimming, walks, camping, etc.

### Treatment Team

At the minimum, each child admitted to the TFH will have a treatment team composed of the following individuals:

1. Child
2. Masters-level therapist
3. Case Manager/ Director of Services
4. Parent or legal guardian (if possible)
5. OCS (if OCS referral)
6. Juvenile Justice (if the child has active case)
7. Child's teacher or FNSBSD Representative

It is anticipated that other treatment team members such as educational staff, natural supports, counselors, and staff from other human service agencies etc. will routinely be added as necessary and appropriate.

### Client Profile

All children admitted to the program will:

1. Require stabilization for actions that are the result of mental illness, and/or behavior disorders;
2. Have been determined through clinical assessment to be suffering from a mental illness not of an organic origin;
3. Be in imminent need of placement in a mental health treatment facility;
4. Have been determined by the TFH admission review that placement would be beneficial for the child's stabilization, and/or reduction or resolution of their mental illness.

Most children admitted to the program will:

1. Be referred by OCS, DJJ, Mental Health Agencies, Tribal Representatives, and Private Individuals/Families;
2. Have multiple behavior problems such as:
  - a). Mood swings, anger management issues, argumentative behaviors
  - b). Reluctance to follow directions
  - c). Difficulty in school

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Program Description

- d). Impulsivity issues
- e). History of failed relationships
- f). Depressive states
- g). Typical DSM V AXIS I Diagnosis might include: ADHD, ODD, OCD, CD, PTSD, Depressive Disorder, etc.

Children that generally will not be admitted to the program are those:

1. That require a medical detoxification because of alcohol or drugs addiction.
2. Children that are in need of a temporary foster placement but do not require stabilization and/or treatment due to their mental illness;
3. Children that have seriously injured another person and have not been evaluated by a mental health professional in a secure setting;
4. Children that have seriously injured another person, been evaluated and determined to still be an imminent danger to others;
5. Intoxicated.
6. History of fire setting.
7. Excessively aggressive behaviors
8. Considered at high risk for self harm.

**Daily Activity Schedule**

All children admitted to the TFH will follow a well-delineated standardized daily activity schedule. Within the framework of the standardized TFH daily schedule individualized services will be provided that will best meet the ISP goals established for each child.

**Program Staffing**

The following is a list of the TFH staff positions.

- 1). TFH Director
- 2). Therapeutic Parents
- 3). TFH Therapist
- 4). TFH Coordinator
- 4). TFH Youth Counselor
- 5). Psychiatrist (Contracted)

The TFH Director provides direct supervision over the TFH Parents, TFH Coordinator and the TFH Youth Counselors. The TFH Therapist is under the direct supervision of the FCSA Director of Community Based Services. Communication between the above staff takes place via a weekly (Wednesday) staff meeting held at FCSA, as well as a daily log book that remains at the TFH. At least one of the TFH parents will be present in the home at all times (unless in the community with clients) to ensure client's are receiving proper supervision. FCSA Youth Counselors will provide added support for the TFH parents, as well as respite services to allow the TFH parents time away from the home.

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**Staff Training**

It is standard practice of FCSA to provide at a minimum, 40 hours of in-depth initial and ongoing training to all FCSA employees per year. All staff will have been trained in the following: FCSA Orientation, Managing Aggressive Behaviors (MAB), First Aid/CPR, working with SED youth, cultural sensitivity, fire and safety training, and FCSA paperwork.

**Education Component**

It is expected that the majority of the children served at the TFH will be actively participating in an educational setting outside of the home. Transportation to the local schools will be provided via Laidlaw busing system. The TFH Parents will ensure that each youth is ready for school prior to the bus arriving, as well as prepared for their arrival at the end of the school day. The TFH Parents will be expected to work closely with the child's teacher, assisting them in day to day educational needs such as guidance with homework, monitoring overall progress both academically and behaviorally, attending IEP meetings, etc. The TFH Parents will also provide each youth with a quiet, well lighted area to complete any evening studies that each child may have. If any of the youth in the home are not in school, the TFH Parents will work closely with the TFH Director, FNSBSD Staff to establish an educational plan that best meets the child's needs such as possible vocational studies, GED Preparation, etc. Each child at the TFH will have a representative from the school system on their treatment team, and some youth that are in either DJJ or OCS custody, may be assigned a school surrogate to assist with their educational needs

TFH Policy No. 201

## Admission Process

### **PURPOSE:**

To ensure all employees utilize a consistent and efficient admission process that fully complies with all applicable state and federal laws and regulations.

### **RESPONSIBILITY:**

This policy applies to all TFH employees responsible for processing admission requests to the TFH program.

### **PROCEDURE:**

No child requiring immediate medical attention or detoxification will be admitted to the TFH program until those services have been provided. It is the responsibility of the individual/agency requesting admission on behalf of the child to arrange for medical and detoxification services. In addition, it will be the responsibility of the individual/agency requesting admission for a child to make arrangements for a routine physical and medical screening unless one has been conducted within the last six months. A medical screen at the minimum will include a Tuberculosis Test, Complete Blood Count, and Hepatitis Screen.

Once a completed application has been received the maximum time period to approve or reject the application will be seven days.

All requests for admission to the TFH program will use the following delineated process and timelines:

1. The application form will be the FCSA Application For Mental Health Services. To review a copy of the application refers to the TFH Policy and Procedures Manual, Section, Forms.
2. All requests for admission to the TFH program should be directed to the TFH Director for processing. In the event that the TFH Director is not available, all inquiries should be directed to one of the FCSA Director of Behavioral Health.
3. For OCS/DJJ referrals, an OCS/DJJ worker inquiring about the availability of a bed for a specific child will routinely generate initial inquiries. Based on that discussion the TFH staff will be advised that an application is in process and arrangements to obtain approval for placement from the OCS Regional Placement Committee are being initiated by the OCS/DJJ worker.
4. Non-OCS/DJJ referrals are anticipated to come from a variety of sources both public and private. If it is determined that placement would be appropriate, the TFH staff will

TFH Policy No. 201

advise the inquiring party that an application needs to be completed and submitted for review and consideration.

5. Within five days of receipt of an application for admittance into the TFH program the TFH Director and FCSA Director of Behavioral Health will review the application for completeness. If the application is determined to be complete, the individual/agency submitting the application will be notified that the application is complete. If the application is determined to be incomplete the TFH Director will notify the individual/agency submitting the application that it is incomplete, and identify the specific deficiencies. The inquiring party will be advised that no further action regarding the application will be considered until the additional required items have been submitted.
6. Upon receipt of a completed application, as determined by the TFH Director and FCSA Director of Behavioral Health, within seven days, a decision will be made to approve or disapprove the application.
7. In the event an application for admission is denied, the TFH Director will within 24 hours verbally advise the inquiring individual/agency, and within two days issue a rejection letter detailing the reasons for rejection. If the rejection is related to an admission request from OCS/DJJ, the rejection letter will be directed to the OCS/DJJ employee making the request. All admission rejections must be approved by the TFH Director.
8. When an application is rejected referrals should be included in the letter of denial when possible. If specific referrals are not available, the type of services the TFH Director considers appropriate should be stated.
9. If an application for admission is approved, the TFH Director will verbally advise within 24 hours the inquiring individual/agency and within two days the FCSA Director of Behavioral Health will issue an approval letter.
10. Regardless if an application from OCS/DJJ has been approved, no bed will be held for a client unless approved by the TFH Director and FCSA Director of Behavioral Health.
11. For non-OCS/DJJ referrals, beds may be held open for the anticipated arrival of a client at the discretion of the TFH Director and FCSA Director of Behavioral Health.

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RECEIVED  
JULY 30 2008  
BY:

Attorney for Defendant

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ALASKA AT FAIRBANKS

ROBERT PROBERT and LORETTA E. )  
PROBERT, and others similarly situated, )  
Plaintiffs, )  
vs. )  
FAMILY CENTERED SERVICES OF )  
ALASKA, INC. )  
Defendant. )  
Case No.: 4:07-CV-00030 RRB

**FIRST SUPPLEMENT TO FAMILY CENTERED SERVICES OF ALASKA, INC'S  
CIVIL RULE 26 INITIAL DISCLOSURES**

Family Centered Services of Alaska, Inc., by and through its attorneys of record, the law office of McConahy, Zimmerman & Wallace, hereby supplement their disclosures pursuant to the Federal Rule of Civil Procedure as follows:

**B. Relevant Documents, Data Compilation and Tangible Things**

Attached are copies of personnel files for Donna Grimes and John Grimes. Documents are bates numbered FCSOA-00359 through FCSOA-00419.

Family Centered Services of Alaska

Therapeutic Family Home Interview Questions

Applicant Name(s): Donna & John Grimes

Date: 9/28/08

Interviewers: Sue Dele / Lorraine Hinde

1). Please describe any education, training, work experience or volunteer work that you have relevant to this position.

Donna parents @ Neenah Public schools - Bush has worked @ Neenah pub - Schools

2). What interests you about this job?

fulfillment & enjoyment in working with kids.  
working up front instead of older kids.

3). One of the responsibilities of the TFH Parent(s) is to implement a behavior management plan to assist client's in following the house rules. What behavior management plans/techniques have you used in the past?

Points - demands - 1- 30 (max) - Set home @ J, pts  
Assign chores to kids w/ pts.  
Positive Reward - no more no less

4). The position of the Therapeutic Parent(s) requires that you live on-site with the clients. What challenges do you foresee residing with five SED youth?

Not having children w/ SED - not see what challenges -  
your burnout is a challenge

Family Centered Services of Alaska

Therapeutic Family Home Interview Questions

Applicant Name(s): John & Donna Grimes

Date: 9-28-05

Interviewers: Lonnie SUSZAN

1). Please describe any education, training, work experience or volunteer work that you have relevant to this position. Junior College | Computer Secretarial School

2). What interests you about this job?

HouseParents

3). One of the responsibilities of the TFH Parent(s) is to implement a behavior management plan to assist client's in following the house rules. What behavior management plans/techniques have you used in the past? Positive Reinforcement Consistent

4). The position of the Therapeutic Parent(s) requires that you live on-sight with the clients. What challenges do you foresee residing with five SED youth?

Unknown - Burnout - Ask for help  
make time for yourself.

## HUMAN CENTERED SERVICES OF ALASKA, INC.

Print Name: John Gremier Jr.  
Employee #: 8085

(Last 4 digits of Social Security #)

Period Beginning: 2-12-04  
Period Ending: 2-25-04 Exempt EE \_\_\_\_\_ Hours

	Sun 2-7-2	Mon 2-8-3	Tues 2-9-4	Wed 2-10-5	Thur 2-11-6	Fri 2-12-7	Sat 2-13-8	Mon 2-14-9	Tues 2-15-10	Wed 2-16-11	Thur 2-17-12	Fri 2-18-13	Sat 2-19-14	TOTAL	Initials
ATOP															
VESS															
YESS ELEM															
RPT															
1540 Chena Ridge	0	0:00	0:00	0:00	0:00	0	0:00	0:00	0:00	0:00	0:00	0:00	0:00		
3933 Park Ridge															
1513 Liatris															
1503 Liatris															
1518 Liatris	6:00	8:00	8:00	8:00	8:00	0	0:00	8:00	8:00	8:00	8:00	0	96:00		
SSD															
DELTA SVCS															
ADMIN															
LEAVE															
HOLIDAY															
Total	\$80	16:00	16:00	16:00	16:00	\$00	8:00	8:00	16:00	16:00	16:00	16:00	0	176:00	

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Supervisor: \_\_\_\_\_  
PCSA FISCAL DEPT. 10072005Date 2-25-04Staff Signature: John Gremier Jr.Date 2-25-04Copy

February 2006

February 2006					March 2006					
S	M	T	W	F	S	M	T	W	F	S
1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

	S	M	T	W	Th	F	S
January 2006							
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	1
February 2006							
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	1
March 2006							
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	1